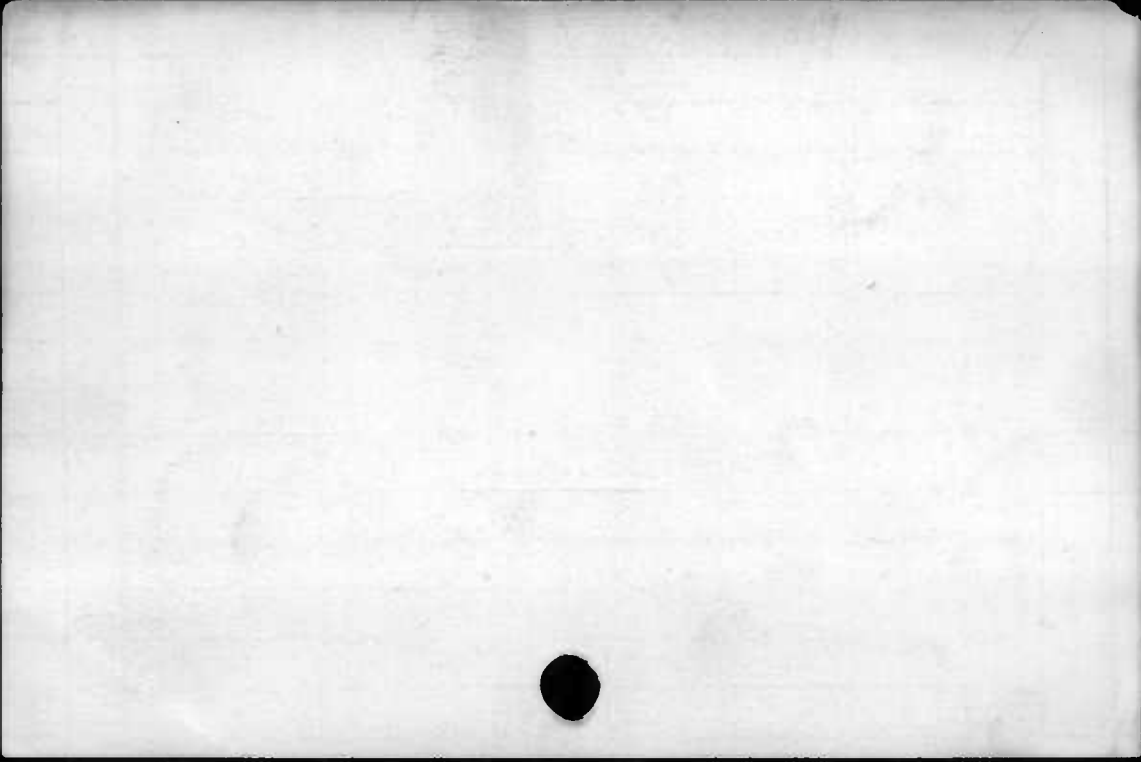


Name in Full		MARTHA M BISHOFF				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Hoyes</i>		Town <i>Garrett</i>		County		MARYLAND
	Date of death	<i>1906</i>	Month	<i>Apr</i>	Day	<i>7</i>	Age
					Years	<i>5</i>	Months
					Days	<i>1</i>	
	Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place
							<i>Maryland</i>
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name		<i>Thomas E Bishoff</i>				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information		<i>George E Bishoff</i>				How related to deceased	
						<i>Son & Father</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Typhoid Fever</i>				How long	<i>3 wks</i>
	Immediate	<i>" "</i>				How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		
					Address		
Accident or Suicide? <i>No</i>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

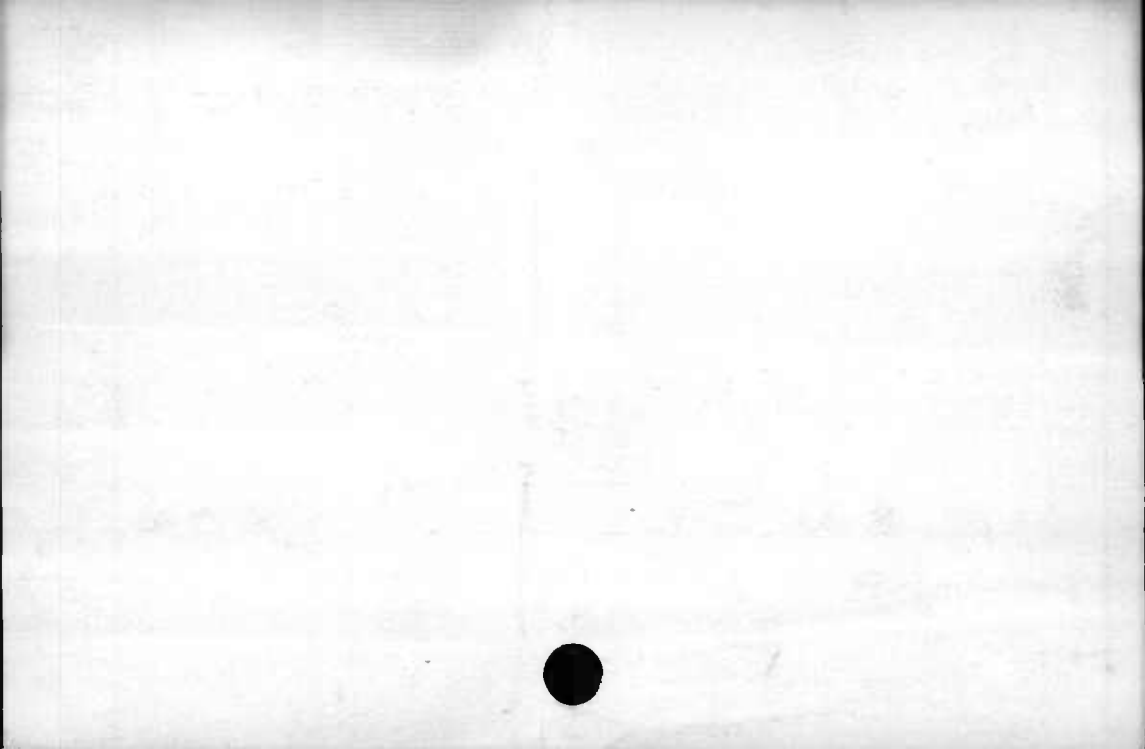
MARYLAND

Died at *Hansen* Town*Bitner*
Garrett CountyDate of death *1906* Month *April*Day *26*Age *—* YearsMonths *—*Days *Infant*Sex *Female*Color or
Race *White*Birth-
place *Garrett Co Md*Occupation *Infant*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Henry Bitner*Father's
Birthplace *Pa*Mother's
Maiden Name *Adessa Masser*Mother's
Birthplace *Garrett Co Md*Name of person giving
In formation *J Gilbert Selby*How related
to deceased *not related*

CAUSES OF DEATH

Primary *Apoplexy*How long *—*Immediate *Asphyxia*How long *—*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *J Gilbert Selby*Address *Eglon W Va*

Accident or Suicide?



Name
in
Full

Cora Octavia Clark

CERTIFICATE OF DEATH

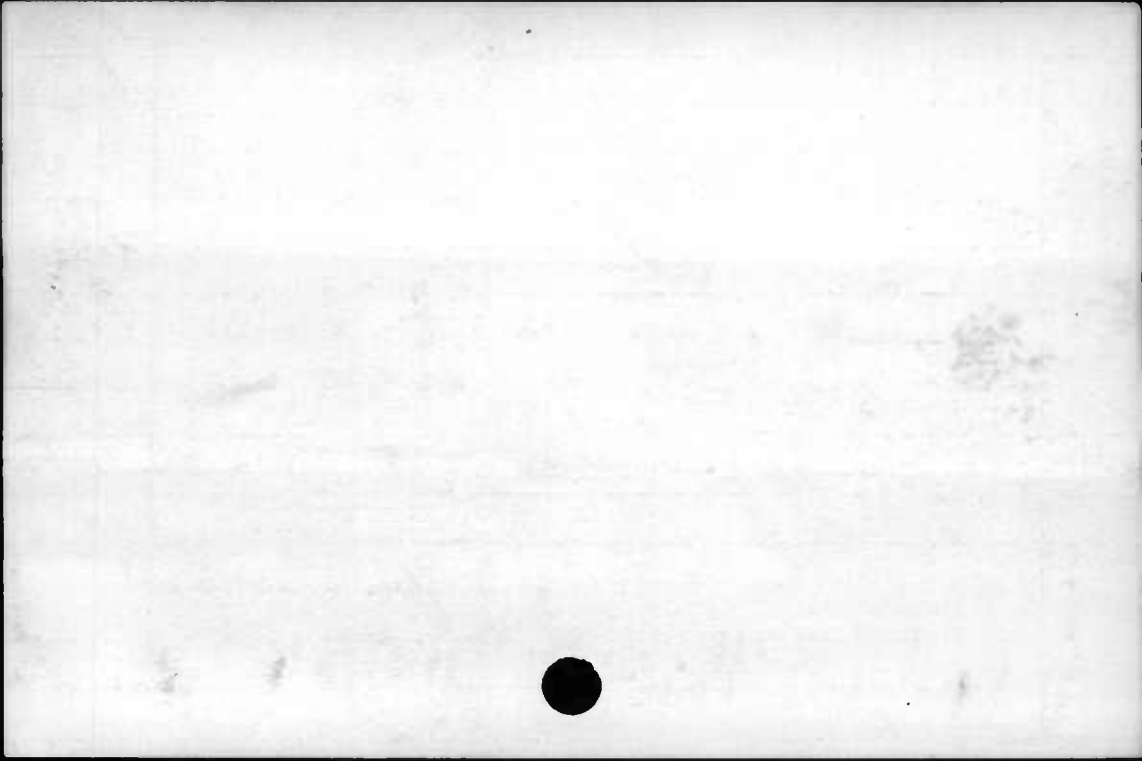
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Bloomington, Md</i>		^{County} <i>Gavett</i>		MARYLAND	
Date of death	<i>1906</i>	^{Month} <i>april</i>	^{Day} <i>22</i>	^{Years} <i>1</i>	^{Months -} <i>6</i> ^{Days} <i>3</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Bloomington, Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Jacob Larkin Clark</i>		Father's Birthplace	<i>Virginia</i>	
Mother's Maiden Name	<i>Ella Mason</i>		Mother's Birthplace	<i>Id</i>	
Name of person giving information	<i>Mrs Clark</i>		How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>1 wk</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>HMKemp</i>
		Address	<i>Bloomington Md</i>
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name Sola Cordelia Clark Town Bloomington County Garnett

Died at Bloomington

Date of death 1906 April 23 Day 7 Age 1 Months 6 Days

Sex Female Color or Race White Birth-place Virginia

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Jacob A. R. Clark Father's Birthplace Va

Mother's Maiden Name Ella Mason Mother's Birthplace 11

Name of person giving information Mrs Clark How related to deceased Teacher

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Measles - (6) How long 7 days -

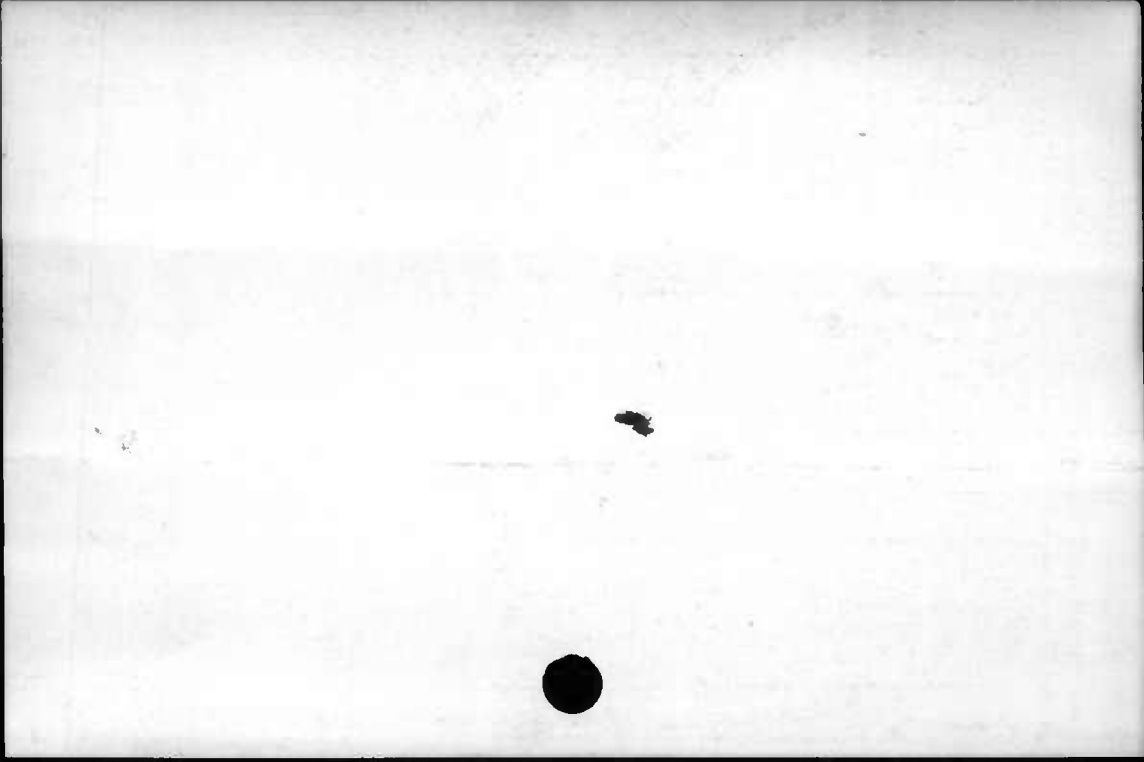
Immediate Cerebral Pneumonia How long 5 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. M. Keen

Address Bloomington Md

Accident or Suicide? _____



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

Bellevue
County
Garrett

Day 5

Age 7 Years

Months

Days

Sex *Female*

Color or Race White

Birth-
place Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's Name Michael Fellers

Father's Birthplace *Poland*

Mother's Maiden Name Rose McRobbie

Mother's Birthplace *Ind*

Name of person giving information *Jacob Harder*

How related to deceased *Wishon*

CAUSES OF DEATH

Primary

Chinn

How long

Immediate

Borna

How long *Chorus*

Are the name, age, sex, color, date
and place correctly given above?

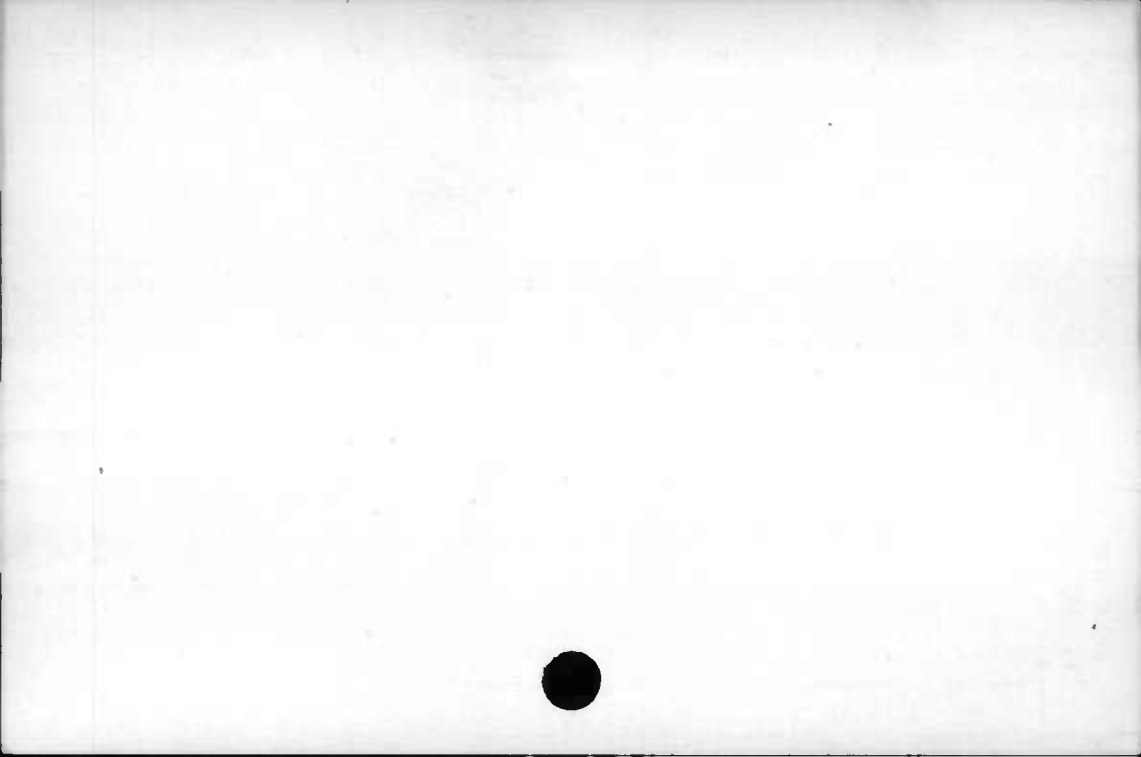
yes)

Signature of Physician

Address

B. Hazenbaker M.D.
 Libanton Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

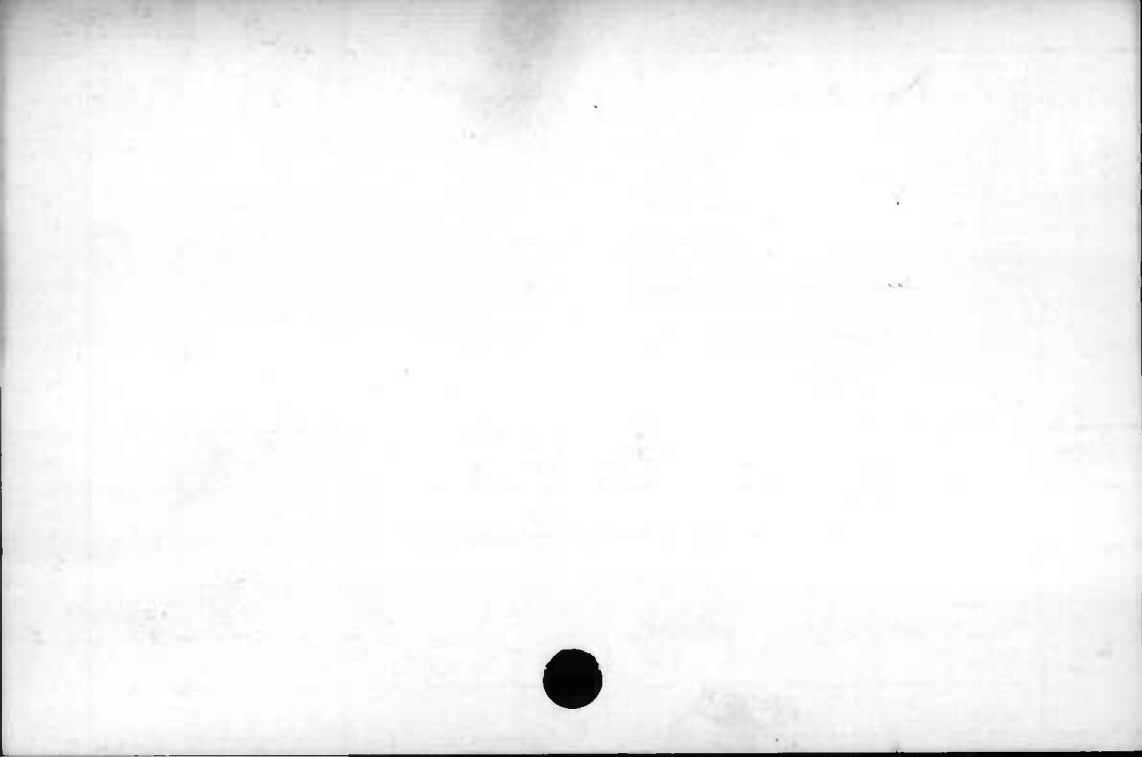
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Durham</i> ^{Town}		<i>Freeland</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>April</i>	Day	<i>11</i>
		Years	<i>73</i>	Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Jennie Chesolm Freeland</i>			
Father's Name	<i>-</i>			Father's Birthplace	<i>-</i>
Mother's Maiden Name	<i>-</i>			Mother's Birthplace	<i>-</i>
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Several months</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>J. W. Loughlin</i>	
		<i>Mt Lake Park</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

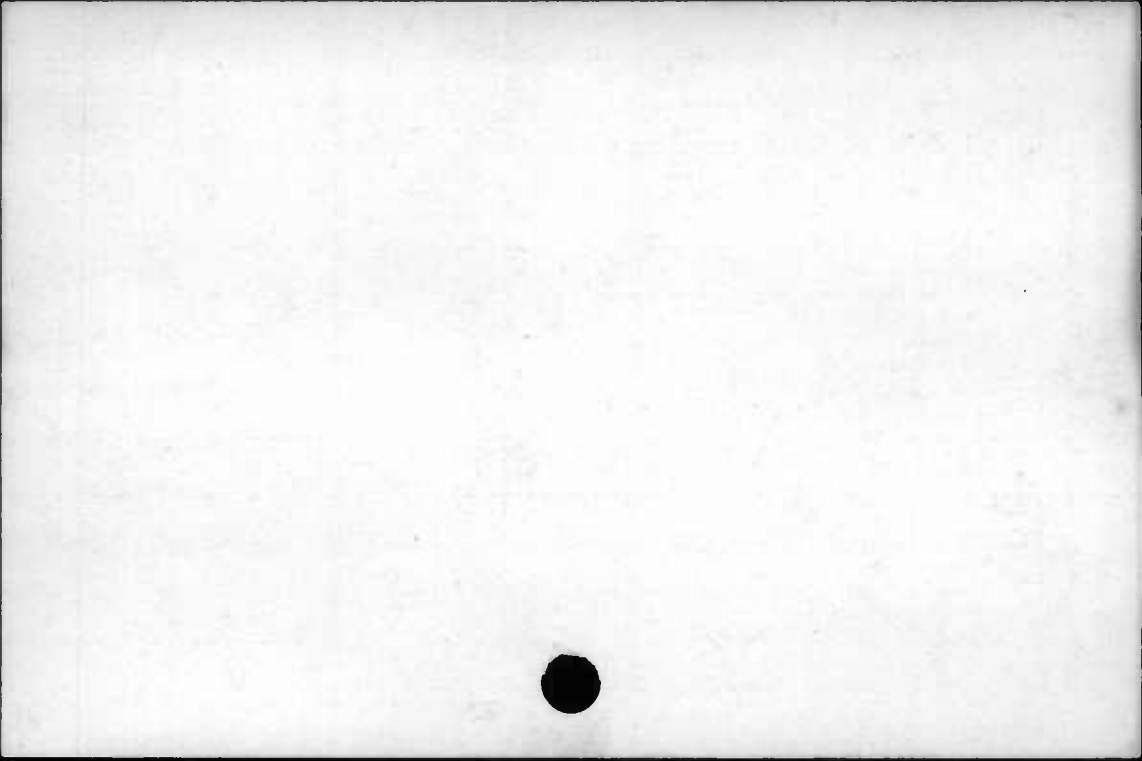
MARYLAND

Died at <i>Oakland</i> ^{Town}		<i>Friend</i> ^{County}			
Date of death <i>1906</i>	<i>April</i> ^{Month}	<i>30</i> ^{Day}	Age <i>14 mo</i> ^{Years}	<i>14</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Garets Co</i>		
Occupation <i></i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i></i>	Name of Wife or Husband <i></i>				
Father's Name <i>Chas. F. Friend</i>	Father's Birthplace <i>Garets Co</i>				
Mother's Maiden Name <i>Hattie Melthien</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Chas A. Melthien</i>	How related to deceased <i>Grandson</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capsulary Pneumonia</i>	How long <i>Three weeks</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry C. McGraw</i>
	Address <i>Oakland Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Maria Eva Gehring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Accident ^{County} Garrett

Date of death 1906 April 27 Age 72 Months Days 20

Sex Female Color or Race white Birth-place Germany

Occupation House wife Where Residing If not at place of death

Married, Single or Widowed married Name of Wife or Husband Adam Gehring

Father's Name Leonard Fisher Father's Birthplace Germany

Mother's Maiden Name Mother's Birthplace

Name of person giving information John Gehring How related to deceased son

CAUSES OF DEATH

Primary Semility -

How long

Immediate Linen & stomach trouble

How long

two years

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

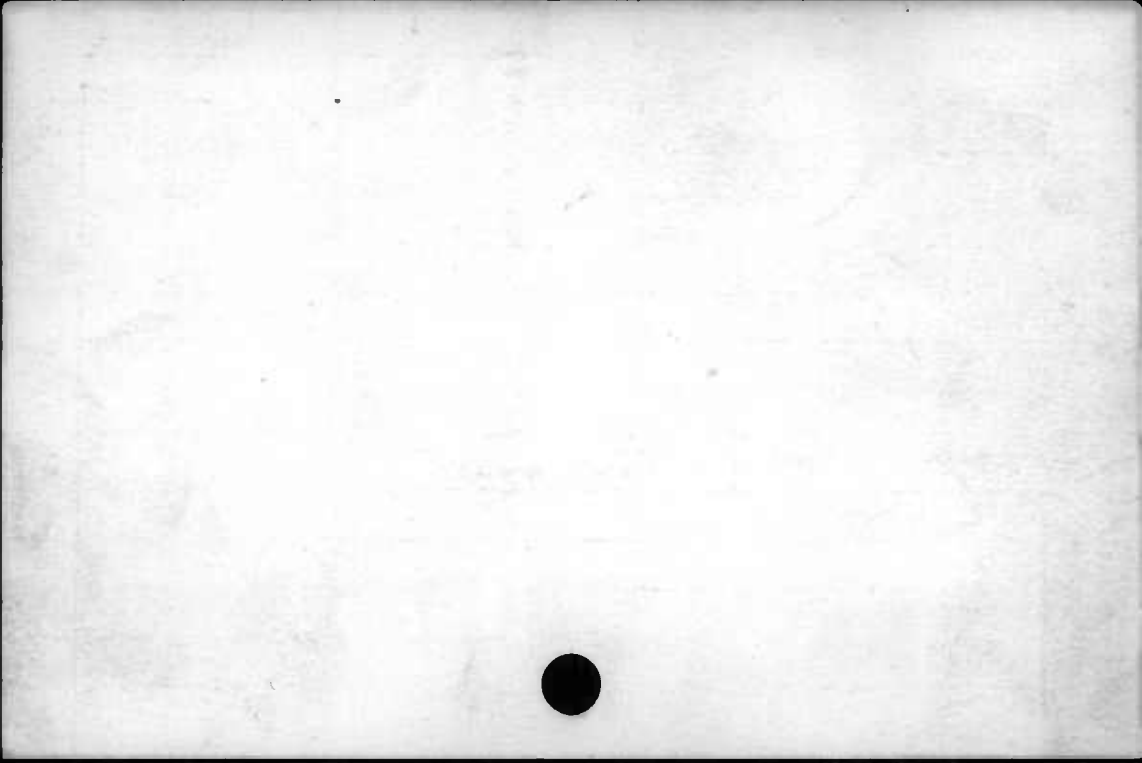
H.R. Bayer MD

Address

Accident

md

Accident or Suicide?



Name
in
Full

(Infant)

CERTIFICATE OF DEATH

MARYLAND

Died at *PO Breddlowe* ^{Town} *Wva**Hahn*
County
*Garrett*Date of death *1906* ^{Month} *April*

Day

Age

Years

Months

Days

36 *hours*Sex *male*Color or
Race*white*Birth-
place*Garrett Co*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Bliss Hahn*Father's
Birthplace*Garrett Co*Mother's
Maiden Name*Whitcher*Mother's
Birthplace*Preston Col W Va*Name of person giving
In formation*Bliss Hahn*How related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

Immediate

Hemiplegia

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

J. Gilbert Selby
Eglon W Va

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr Ramscroft
Oakland Ind

Name
in
Full

Rebecca Harden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Accident^{County} GarrettDate
of death 1906Month
AprilDay
30

Age

Years
85Months
8Days
22Sex
FemaleColor or
Race

White

Birth-
place

Md.

Occupation

House Wife

Where Residing if not
at place of death

Accident

Married, Single
or Widowed

Widow

Name of Wife or
Husband

James Harden

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Wm. Kuhn

How related
to deceased

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Dilatation of heart

How long

3 months

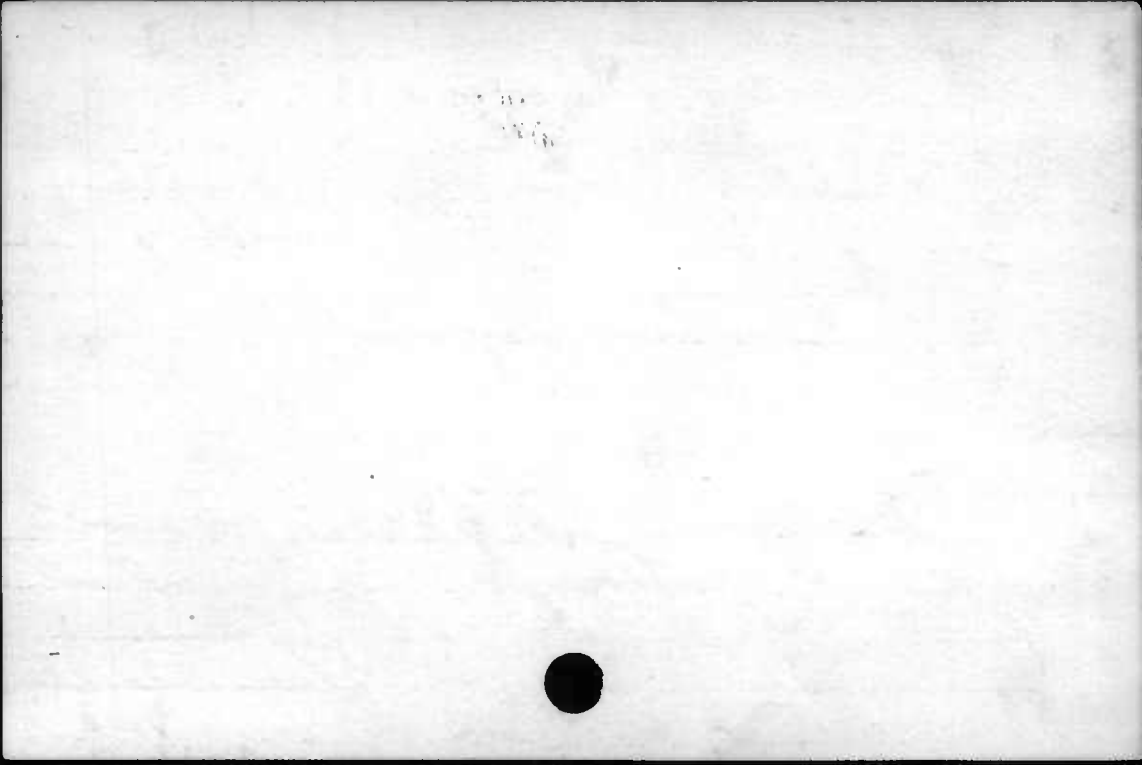
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H.R. Boyer -
Accident

Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town <i>Sullivan</i>} <i>Garrett</i> ^{County}		MARYLAND	
Date of death 1906 <i>April</i> ^{Month} <i>2</i> ^{Day}	Age <i>26</i> ^{Years}	<i>6</i> ^{Months}	<i>19</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick</i>	
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Frederick</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>L</i>		
Father's Name <i>Anthony Layman</i>	Father's Birthplace <i>Shind Mill</i>		
Mother's Maiden Name <i>Elizabeth Poles</i>	Mother's Birthplace <i>"</i>		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malicious J. of Intestines</i>	How long <i>4 months</i>
Immediate <i>Spontaneous</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Robinson</i>
	Address <i>Grantville Md</i>
Accident or Suicide?	

Wm

M. J. Cron. Boarder
Sutton. Ma

Name
in
Full

CERTIFICATE OF DEATH

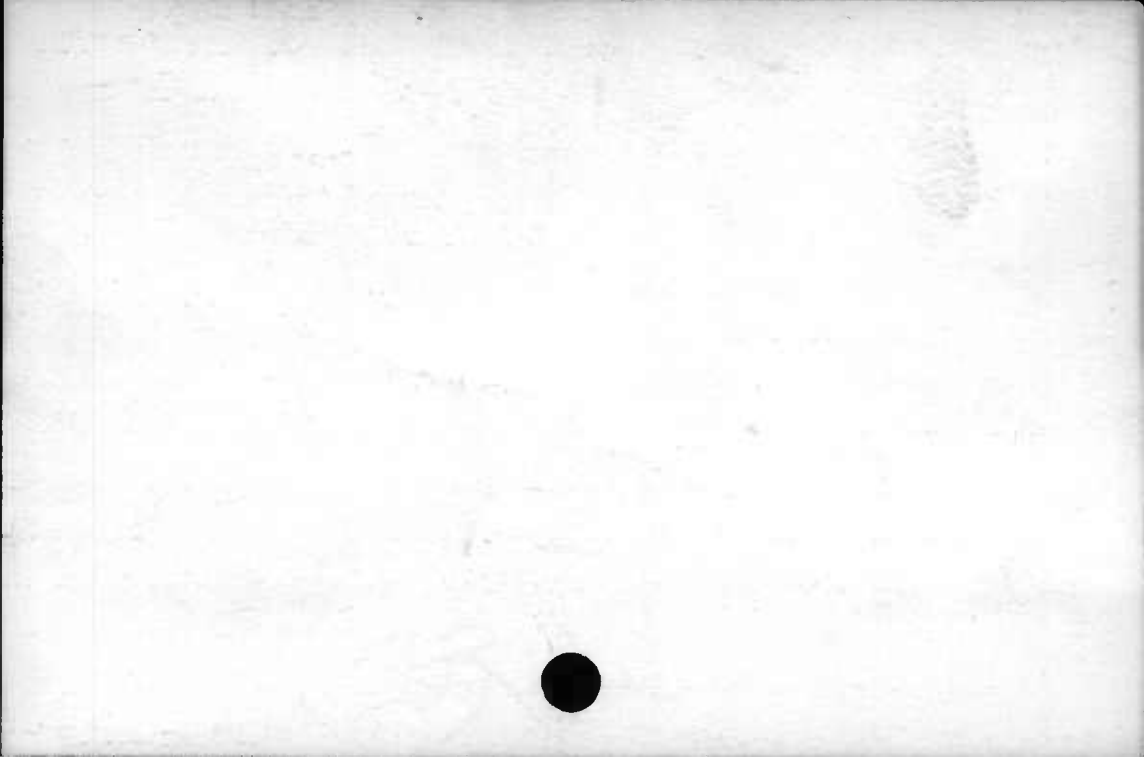
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Rebecca C. Sogers</i>		Town <i>Win Lake Ark</i>		County <i>Garrett</i>		MARYLAND	
Died at		Date of death <i>1906 Apr.</i>		Day <i>15</i> Years <i>55</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>md</i>			
Occupation <i>—</i>		Where Residing if not at place of death					
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>27</i>					
Name of person giving information <i>E. H. Swarth</i>		How related to deceased <i>Not alone</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>10 years</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Henebaugh</i>
	Address <i>Coke and</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

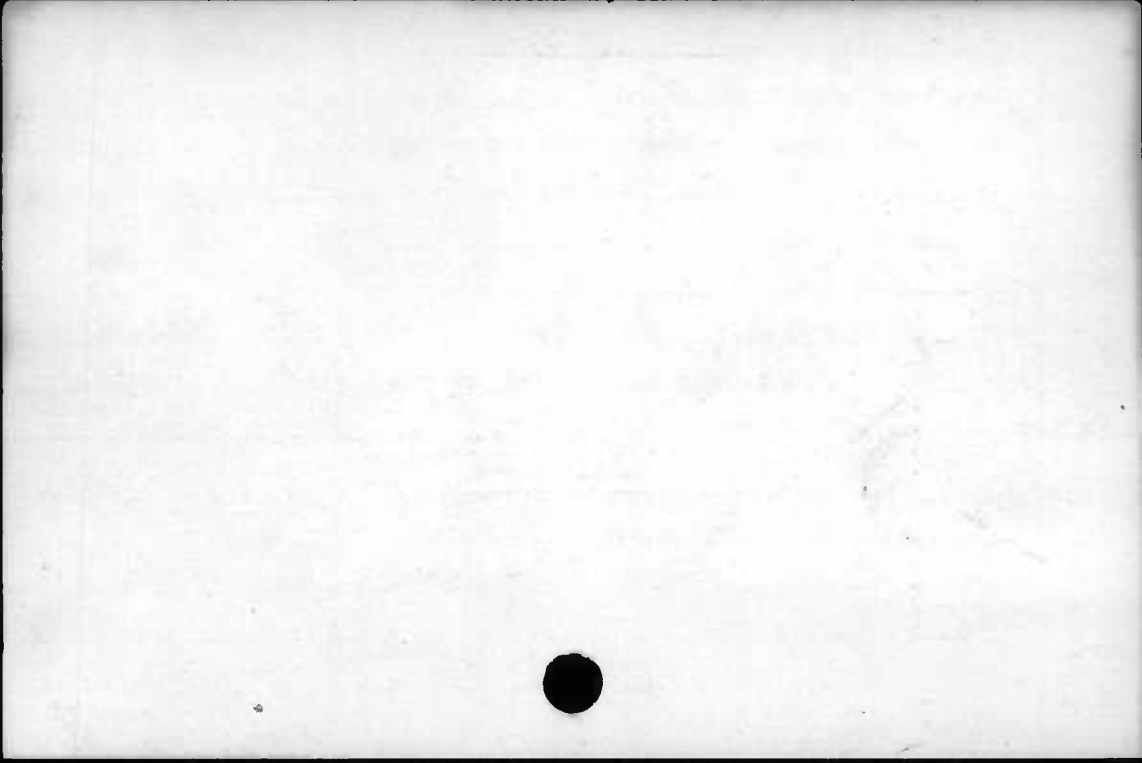
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		April	24	Age 66			
Sex	Male	Color or Race	White	Birth-place	Ind		
Occupation	Farmer			Where Residing if not at place of death	Ind		
Married, Single or Widowed	W			Name of Wife or Husband	Hamer		
Father's Name					Father's Birthplace	Ind	
Mother's Maiden Name	Rachel				Mother's Birthplace	Ind	
Name of person giving information	Henry Meach				How related to deceased	son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental	How long	166
Immediate	Killed by train	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

George R Teats

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near accident* TownCounty *Garrett*

MARYLAND

Date
of death *1906*Month
*Apr*Day
23

Age

Years

Months

Days

Sex *Male*Color or
Race *White*Birth-
place *Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *Joseph Teats*Father's
Birthplace *Md.*Mother's
Maiden Name *Rebecca Hutzle*Mother's
Birthplace *Md.*Name of person giving
In formation *Joseph Teats*How related
to deceased *Father*

CAUSES OF DEATH

Primary

Molformation

How long

Immediate

Ruptured blood vessel of abdomen

How long

*6 hrs*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*D. H. Boyer M.D.
Academy
Md.*

Accident or Suicide?

Friendsville Seminary